**Mary Gale Application**

*Please review and* ***update*** *all Organization Profile information, as needed. If the status on the Org Info 1 tab says “requires update,” please also click* ***validate*** *after you have updated or you will not have access to the application.*

Project Begin Date:

Project End Date:

Purpose of Request: 15 words or less “this grant will be used to”

Please respond to each question in the field provided. You may copy and paste into these fields if you have already prepared your application in another format.

There is a Text Box for each question, no word limit.

**PROPOSAL**

**Executive Summary:** Briefly describe the services to be provided or other activities that you propose to carry out with Mary Gale Foundation funding.

**Community Need or Opportunity:** Describe the need or opportunity for your proposed work, including qualitative or quantitative data as appropriate.

**Population Served:** Define the target population to be served (age, gender, income status, location, and any other eligibility criteria).

**Description of Proposed Work, Part 1**: Describe the program/s or service/s that will be provided or other project activities undertaken, which staff will be responsible, and on what timeline*.*

**Description of Proposed Work, Part 2**: Is the proposed work based on research or evidence-based practices? Explain.

**Meeting the Need:** How does this work address the identified community need or opportunity? To the extent known, if the proposed work will not meet all of the identified need for this type of service or program, please explain briefly how additional funds from other sources will be leveraged, and/or what portion of such need the proposed work will leave unaddressed. (We are interested in understanding not only what the requested grant dollars will do, but also what needs, if any, of the target population exceed the reach of the requested funds. E.g. existence of a wait list for services.)

**Partners:** Describe how your proposed work fits with the efforts of other partner organizations that serve this same target population in Greater Manchester, and explain how you cooperate or collaborate with these partners, with a focus on the programs or services for which you are seeking Mary Gale Foundation funding.

**Sustainability:** If the proposed work will continue beyond the grant period, please describe how you intend to sustain this work, including any plans to request future funding from the Mary Gale Foundation.

**COVID 19 Impact:** To the extent not already addressed above, please share additional information regarding how COVID-19 has impacted your organization, including its finances and financial stability, and changed your work on behalf of Mary Gale Foundation eligible low income senior women.

**FINANCIALS/BUDGET**

Requested Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent of amount request vs. total budget: %\_\_\_\_\_\_\_\_\_ (Amount requested/total budget \* 100)

Project Funds Raised to Date: $\_\_\_\_\_\_\_\_\_\_\_

**Project Budget:** Enter budget information on the interactive budget. Provide a detailed project budget, including both expenses and revenues, for the proposed work that is the subject of this request -- including personnel costs, administrative costs, etc. for the entire program, service or project. Specify what portion of each line item the Mary Gale Foundation grant will cover, as well as what portion of each line item will be covered by additional funding received from other sources (federal, state, private donations, etc.)

**EXPECTED OUTCOMES**

**How will you measure your results:** List the anticipated outcomes of this work and how you will measure progress towards each outcome. What will change as a result of this work? Please provide both quantitative and qualitative targets as appropriate.